

(1) OWNER: Name Jack G. Galy Address 117 Keystone Avenue, Cooperville, MO 64639

(2) LOCATION OF WELL: County Union - N 1/4 SE 1/4 Sec 24 T 32 N. R 14 W. M.

Bearing and distance from section or subdivision corner (1050' south & 180' west from CTR SEC 24)

(3) PROPOSED USE: Domestic ☐ Industrial ☐ Municipal ☒
Irrigation ☐ Test Well ☐ Other ☐

(4) TYPE OF WORK: Owner's number of well (if more than one)..... 1

| | | | | | |
|---------------|-------------------------------------|-------------|-------------------------------------|--------|--------------------------|
| New well | <input checked="" type="checkbox"/> | Method: Dug | <input type="checkbox"/> | Bored | <input type="checkbox"/> |
| Deepened | <input type="checkbox"/> | Cable | <input checked="" type="checkbox"/> | Driven | <input type="checkbox"/> |
| Reconditioned | <input type="checkbox"/> | Rotary | <input type="checkbox"/> | Jetted | <input type="checkbox"/> |

(5) DIMENSIONS: Diameter of well 6 inches.
 Drilled _____ ft. Depth of completed well 283 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 " Diam. from 0 ft. to 213 ft.

Threaded ☐ " Diam. from _____ ft. to _____ ft.

Welded ☒ " Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☒

Type of perforator used _____

SIZE of perforations _____ in. by _____ in.

_____ perforations from _____ ft. to _____ ft.

_____ perforations from _____ ft. to _____ ft.

_____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐
 Manufacturer's Name Schlosser
 Type Large STAINLESS Model No. _____
 Diam. 6 Slot size 13 from 273 ft. to 278 ft.
 Diam. 6 Slot size 16 from 278 ft. to 283 ft.

Gravel packed: Yes ☐ No ☒ Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 20 ft
Material used in seal BENTONITE
Did any strata contain unusable water? Yes ☐ No ☐
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP: Manufacturer's Name Goulds
Type: 25GLSD HP 5

(8) WATER LEVELS: Land-surface elevation above mean sea level... 230
 Static level 223 1/2 ft. below top of well Date...
 Artesian pressure lbs. per square inch Date...
 Artesian water is controlled by... (Can. valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☒ No ☐ If yes, by whom? Bob's Pump

Yield: 30 gal./min. with 11.5 ft. drawdown after 4 hr.

" " " "

" " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

| Time | Water Level | Time | Water Level | Time | Water Level |
|---------------------------|-------------|------|-------------|------|-------------|
| Full Recovery in One Min. | | | | | |

Date of test May 3, 1979
 Bailer test _____ gal./min. with _____ ft. drawdown after _____ h
 Artesian flow _____ g.p.m. Date _____
 Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☒

(10) WELL LOG:

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

| MATERIAL | FROM | TO |
|-------------------|------|-----|
| DRY SAND | | 3 |
| HARD PAN | 3 | 19 |
| SAND - GRAVEL MIX | 19 | 58 |
| CLAY | 58 | 65 |
| SANDY HARD | 65 | 96 |
| DRY SAND | 96 | 192 |
| WATER SAND | 192 | 199 |
| CLAY | 199 | 266 |
| WATER SAND | 266 | 283 |
| CLAY | 283 | |

Work started _____, 19____ Completed _____, 19____

WELL DRILLER'S STATEMENT:

This well was drilled ~~in~~ my jurisdiction and this report is true to the best of my knowledge and belief.

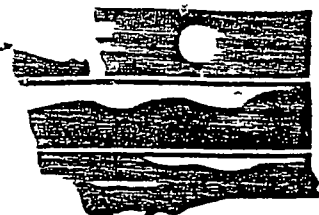
NAME Oennis Faber
(Person, firm, or corporation) (Type or print)

Address Whitby Drillers

[Signed] Bob Huber Wm
(Well Driller)

License No. 129 Date June, 1957

(USE ADDITIONAL SHEETS IF NECESSARY)



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form



Unique Well Tag No: AGA 981

501

RECORD VERIFICATION (check one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name SEAWEST WATER ASSN Last Name _____
37544 9
 Street Address _____
 City _____ State _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address DE SERETTE / DARST RD
 City _____ County _____
 T _____ N R _____ W M Sec _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____
 Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated

- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

6" CASING - RED WOODEN STRUCTURE (~12') WITH RESERVOIR (NE)

Location or Well Identification Tag

CASING

Is supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

If yes, where was tag placed?

| | | | |
|---|---|---|---|
| D | C | B | A |
| E | F | G | H |
| M | L | K | J |
| V | P | Q | R |

Scale 1:24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION _____

Comments

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Permit Right # _____

Date Issued _____

Application

Permit

Certificate

Claim

Exempt